

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 530570

RECEIPT DATE: 05 / 03 / 00

IA NUMBER: PCT/ CH97 / 00426

IA FILING DATE: 11 / 07 / 97

FAMILY NAME: RITTER

DELAY WAIVED (Y/N): Y

GIVEN NAME: RUDOLF

DEMAND RECEIVED (Y/N): N

PRIORITY CLAIMED (Y/N): A

PRIORITY DATE: 01 / 00 / 00

NO BASIC FEE (Y/N): N

US DESIGNATED ONLY (Y/N): N

ATTORNEY DOCKET NUMBER: PM 268771

COUNTRY:

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2028613527
FAX

NAME: PILLSBURY MADISON & SUTRO

STREET: 1100 NEW YORK AVENUE
NINTH FLOOR

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200053918

EMAIL:

APPLICATION TITLES:

BILLING METHOD IN A TELECOMMUNICATION SYSTEM

Clearning

TAB TO LAST POSITION, PUSH SEND



Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/530,570	FILING DATE 05/03/2000 RULE	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 268771
-----------------------------	-----------------------------------	--------------	------------------------	----------------------------------

APPLICANTS

RUDOLF RITTER, ZOLLIKOFEN, SWITZERLAND;

**** CONTINUING DATA *******THIS APPLICATION IS A 371 OF PCT/CH97/00426 11/07/1997
*Yes SPM***** FOREIGN APPLICATIONS ********No SPM***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/09/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	SWITZERLAND	1	30	2
Verified and Acknowledged	<i>SPM</i>	Examiner's Signature	Initials		

ADDRESS

PILLSBURY MADISON & SUTRO
1100 NEW YORK AVENUE N W
NINTH FLOOR EAST TOWER
WASHINGTON ,DC 20005-3918

TITLE

CLEARING METHOD IN A TELECOMMUNICATION SYSTEM

FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------	---	---